

Fee only

PATENT

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AUG 31 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

5 Applicant(s): Chih-Chin Chang Examiner: SARKAR, ASOK K  
Filing Date: 07/02/2003 Art Unit: 2829  
Serial No.: 10/604,225 Docket No.: ADTP0054USA

Title: METHOD FOR FORMING A SELF-ALIGNED LTPS TFT

10

To: Commissioner for Patents  
P.O. BOX 1450  
Alexandria, VA 22313-1450

15 Subject: Response to the Office action mailed 06/03/2004

INTRODUCTORY COMMENTS

20 The specification has been amended to correct an  
informality indicated by the examiner. Claims 18-32 are  
withdrawn as being drawn to nonelected claims. Claims 1, 4,  
and 6 have been amended in an effort to overcome the rejections  
made by the examiner. New claims 33-68 are introduced.  
Arguments have been made for those claims rejected. No new  
25 matter is introduced by the amendments, and consideration of  
all amendments is politely requested.

09/09/2004 CPARIS 00000003 503105 10604225  
01 FC:1202 648.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/604225

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	68	Minus	** 32 = 36
	Independent	*	4	Minus	*** 4 = 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*		Minus	** =
	Independent	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*		Minus	** =
	Independent	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X43=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	750.00
X\$18=	
X\$6=	
+280=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	648
X\$6=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$6=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$6=	
+280=	
TOTAL ADDIT. FEE	